

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37248**

FILED DEC 15 1948

Registration District No. **178**Primary Registration District No. **4264**Registrar's No. **13**

1. PLACE OF DEATH:

- (a) County **Lewis**
 (b) City or town **La Belle**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **Life** _____ (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME **David Oscar Lillard**

3. (b) If veteran, name war **-----** 3. (c) Social Security No. **2**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Lovisa Lillard**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **November 4 1871**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 1 hr. min.

9. Birthplace **Williamstown Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

- MOTHER FATHER { 12. Name **Joseph Spencer Lillard**
 13. Birthplace **La Grange Missouri**
 14. Maiden name **Martina Elizabeth Williams**
 15. Birthplace **Monticello Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Cecil Lillard**
 (b) Address **La Belle Missouri**
 17. (a) **Burial** (b) Date thereof **12/7/48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **La Belle Cemetery**

18. (a) Signature of funeral director **La Belle Missouri**
 (b) Address **La Belle Missouri**
 19. (a) **12-7-48** (b) **David M. Bower**
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Lewis**
 (c) City or town **La Belle, Missouri**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **December** Day **5th**
 year **1948** hour **2** minute **35** P. M.
 21. I hereby certify that I attended the deceased from **August 10 1948** to **Dec 5 1948**
 that I last saw him alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **14 days**
 Due to **Carcinoma of prostate** 5 years

- Due to _____
 Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations **51B**
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury **0**

- Signature **David M. Bower** (M. D. or other)
 Address **La Belle, Mo.** Date signed **12/7/48**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Myself

....., Registered Apprentice No.
working under my personal supervision.

Signed

J. E. Coder Jr.

Licensed Embalmer No.

4328

P. O. Address

La Belle, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.